

Work Order ID 92525

October-31-12 11:32:12 AM

92525

Page 1

Item ID: 647.1818

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: Nose Door Spacer

Stop

NS2

Start Date: 10/31/12 Start Qty: 1.00 *1*

Cust Item ID:

Required Date: 11/13/12 Req'd Qty: 1.00 *1*

Customer:

Reference:

Approvals:

Process Plan: ML5

Date: 12-11-01

Tooling: _____

Date: _____

Run Start

NR1

QC: _____

Date: _____

SPC (Y/N): _____

Date: _____

Stop

NR2

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
Draw Nbr	Revision Nbr								
110		0.00							
110									
Waterjet									
FLOW CNC Waterjet									
2024 . 190"									
	Memo	0.00							
	1-Cut as per Dwg								
	Dwg Rev: N/C								
	Prog Rev: N/C								
	2-Deburr if necessary								
120	QC2- Inspect parts off machine FAI/FAIB	0.00							
120									
QC									
Quality Control	Memo	0.00							

Jm 12-11-11

Jm 12-11-11

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS									
Part No. _____	Rework <input type="checkbox"/>	Scrap <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>								
NCR No. _____	Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>	Quality <input type="checkbox"/>								
	Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>	Other <input type="checkbox"/>								
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector				
Doc/Data														
Equip/Tooling														
Operator														
Material														
Setup														
Other														
Process														
Supplier														
Training														
Unapproved														
FAULT CATEGORY														
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio			<input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge		<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled	
													<input type="checkbox"/> Other	

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Page 2

Item ID: 647.1818

Accept

N900040100

Setup Start

NS1

Revision ID:

Item Name: Nose Door Spacer

Stop

NS2

Start Date: 10/31/12 Start Qty: 1.00

1

Cust Item ID:

Required Date: 11/13/12 Req'd Qty: 1.00

1

Customer:

Reference:

Approvals:	Process Plan:	Date:	Tooling:	Date:	Run	Start	*NR1*
						Stop	
	QC:	Date:	SPC (Y/N):	Date:			*NR2*

Sequence ID/ Work Center ID	Operation Description	Set Up/ Run Hours	Tool ID	Tool #	Plan Code	Accept Qty	Reject Qty	Reject Number	Insp. Stamp
130 *130* QC Quality Control	QC8- Inspect parts - second check Memo	0.00 0.00	DAS 15 9-89			1			

140 *140* Small Fab Small Fab	Memo	0.00							
	ROLL SHEET AS PER TEMPLATE	0.00							

150 *150* QC Quality Control	QC5- Inspect part completeness to step on W/O Memo	0.00 0.00	DAS 15 9-89			1			
			10/11/13						

NCR: Yes / No

DQA: _____ Date: _____ .

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION			AGAINST DEPARTMENT/PROCESS					
			Rework Scrap Use-as-is Work Order Update	Skid-tube Machining Thermoforming Large Fab	Crosstube Small Fab Finishing Composite	Water Jet Prod. Eng. Coor. Rec/Store/Packaging Supplier	Engineering Quality Other				
Part No. _____											
NCR No. _____											
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance	Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector		
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other							

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Item ID: 647.1818

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Nose Door Spacer

Stop

NS2

Start Date: 10/31/12 Start Qty: 1.00

1

Cust Item ID:

Required Date: 11/13/12 Req'd Qty: 1.00

1

Customer:

Reference:

Approvals: Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

160

Outsource process-Anodize per QSI017 4.1.10.1

0.00

160

Outsource4

Outsource process - Anodize

Memo

18506

0.00

ISSUE P/O:

HARD ANODIZE, COLOR BLACK AS PER DWG.(SEE NOTE 2)

170

Receive & Inspect for Damage & Mat'l Certs

0.00

170

Packaging

Memo

0.00

Packaging



180

QC5- Inspect part completeness to step on W/O

0.00

180

QC

Quality Control

Memo

0.00

DAS
05
8-89 12-12-23

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS					
Part No. _____	Work Order:	Part No. _____	Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>			
NCR No. _____	Part No. _____	NCR No. _____	Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>			
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>			
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data										
Equip/Tooling										
Operator										
Material										
Setup										
Other										
Process										
Supplier										
Training										
Unapproved										
FAULT CATEGORY										
Landing Gear				General						
				Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>		
Centre Not Concentric to O/S <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>						
Cracks <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>						
Crushed/Crimped. <input type="checkbox"/>	Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>						
Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>							
Heat Treat <input type="checkbox"/>	Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>							
Inspection Strip in Tube <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>							
Ripples in Bend <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>		Other <input type="checkbox"/>						
Torque Waves in Extrusion <input type="checkbox"/>	Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>								
Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>								
Wave/Twist in Tube <input type="checkbox"/>	Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>								

Work Order ID 92525

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Item ID: 647.1818

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Nose Door Spacer

Stop

NS2

Start Date: 10/31/12 Start Qty: 1.00

1

Cust Item ID:

Required Date: 11/13/12 Req'd Qty: 1.00

1

Customer:

Reference:

Approvals:

Process Plan:

Date:

Tooling:

Date:

Run

Start

NR1

QC:

Date:

SPC (Y/N):

Date:

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

190

190

SprayPaint

Spray Painting

Memo

0.00

1 0 0 12-12-31

200

200

QC

Quality Control

QC14- Inspect Spray Paint

0.00

1 DAS 05 13-01-05
9-89

210

210

Packaging

Packaging

Identify as per dwg & Stock Location: 138C

0.00

1 6/30/13 C

Memo

0.00

IDENTIFY AS PER APICAL MPP-120 BY STAMPING P# AND REV

NCR: Yes / No

DQA: _____ Date: _____

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

Work Order: _____			DISPOSITION		AGAINST DEPARTMENT/PROCESS					
			Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>			
			Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>			
			Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>			
			Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>				
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector
Doc/Data										
Equip/Tooling										
Operator										
Material										
Setup										
Other										
Process										
Supplier										
Training										
Unapproved										
FAULT CATEGORY										
Landing Gear	General									
	Bending <input type="checkbox"/>	Bend <input type="checkbox"/>	Grain <input type="checkbox"/>	Ovalized <input type="checkbox"/>	Pressure/Forced <input type="checkbox"/>					
	Centre Not Concentric to O/S <input type="checkbox"/>	BOM/Route <input type="checkbox"/>	Hardware <input type="checkbox"/>	Over/Under tolerance <input type="checkbox"/>	Temperature/Cure <input type="checkbox"/>					
	Cracks <input type="checkbox"/>	Broken/Damaged <input type="checkbox"/>	Inspection Incomplete <input type="checkbox"/>	Part Incorrect <input type="checkbox"/>	Weld <input type="checkbox"/>					
	Crushed/Crimped. <input type="checkbox"/>	Burrs <input type="checkbox"/>	Instructions Incomplete/Unclear <input type="checkbox"/>	Part Lost/Missing <input type="checkbox"/>	Wrong Stock Pulled <input type="checkbox"/>					
	Cuffs <input type="checkbox"/>	Contamination <input type="checkbox"/>	Maintenance <input type="checkbox"/>	Part Moved <input type="checkbox"/>						
	Heat Treat <input type="checkbox"/>	Countersink <input type="checkbox"/>	Mislabeled <input type="checkbox"/>	Positioned Wrong <input type="checkbox"/>						
	Inspection Strip in Tube <input type="checkbox"/>	Cut Too Short <input type="checkbox"/>	Misread <input type="checkbox"/>	Power Loss/Surge <input type="checkbox"/>						
	Ripples in Bend <input type="checkbox"/>	Drill Holes <input type="checkbox"/>	Offset <input type="checkbox"/>	Other <input type="checkbox"/>						
	Torque Waves in Extrusion <input type="checkbox"/>	Drawing <input type="checkbox"/>	Out of Calibration <input type="checkbox"/>							
	Turning Sequence <input type="checkbox"/>	Finish <input type="checkbox"/>	Out of Sequence <input type="checkbox"/>							
	Wave/Twist in Tube <input type="checkbox"/>	Folio <input type="checkbox"/>	Outside Dimensions <input type="checkbox"/>							

Work Order ID 92525

92525

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October-31-12 11:32:12 AM

Item ID: 647.1818

Accept

N900040100

Setup

Start

NS1

Revision ID:

Item Name: Nose Door Spacer

Stop

NS2

Start Date: 10/31/12 Start Qty: 1.00 *1*

Cust Item ID:

Required Date: 11/13/12 Req'd Qty: 1.00 *1*

Customer:

Reference:

Approvals: Process Plan: _____ Date: _____

Tooling: _____ Date: _____

Run

Start

NR1

QC: _____ Date: _____

SPC (Y/N): _____ Date: _____

Stop

NR2

Sequence ID/
Work Center ID

Operation
Description

220

QC21- Final Inspection - Work Order Release

Set Up/
Run Hours

Tool ID

Tool #

Plan
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

0.00

0.00

0.00

0.00

0.00

0.00

220

QC

Quality Control

Memo

0.00

13/11/10 *MF*

MF
13-01-09

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

Work Order: _____		DISPOSITION		AGAINST DEPARTMENT/PROCESS							
		Rework <input type="checkbox"/>	Skid-tube <input type="checkbox"/>	Crosstube <input type="checkbox"/>	Water Jet <input type="checkbox"/>	Engineering <input type="checkbox"/>					
		Scrap <input type="checkbox"/>	Machining <input type="checkbox"/>	Small Fab <input type="checkbox"/>	Prod. Eng. Coor. <input type="checkbox"/>	Quality <input type="checkbox"/>					
		Use-as-is <input type="checkbox"/>	Thermoforming <input type="checkbox"/>	Finishing <input type="checkbox"/>	Rec/Store/Packaging <input type="checkbox"/>	Other <input type="checkbox"/>					
		Work Order Update <input type="checkbox"/>	Large Fab <input type="checkbox"/>	Composite <input type="checkbox"/>	Supplier <input type="checkbox"/>						
Root Cause	Date	Step	Qty	Description of work order update or Non-conformance		Initial Chief Eng	Action Description	Sign & Date	Verification	QC Inspector	
Doc/Data											
Equip/Tooling											
Operator											
Material											
Setup											
Other											
Process											
Supplier											
Training											
Unapproved											
FAULT CATEGORY											
Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped. <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube				General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions				<input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Other			<input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled

Picklist Print

October-31-12 11:32:11 AM

Page 1

Work Order ID: 92525**Parent Item:** 647.1818**Parent Item Name:** Nose Door Spacer**Start Date:** 10/31/12**Required Date:** 11/13/12**Start Qty:** 1.00**Required Qty:** 1.00**Comments:** IPP REV:A 12.10.03 NEW ISSUE DD VERF:JFS

Component Item ID/ Item Name	Replacement Item ID	Mfg/ Purch	Bin Item	Primary Location	Last Location	Route Seq ID	Unit of Measure	Qty on Hand	Qty per Kit	Total Qty	Qty Issued	Date Issued	Status
M2024T3S0.190 2024-T3 .190 sheet		Purchased	No			110	sf	48.0000	0.057	0.06	0.1		Jm 12-1-11

<u>Location</u>	<u>Loc Qty</u>	<u>Loc Code</u>
MAT019	48	
123305	48	123305

NCR: Yes / No

DQA: Date: .

WORK ORDER NON-CONFORMANCE / UPDATE

QA Closed: _____ Date: _____

NOTES.

1) MATER AL. ALUMINUM 2024-T3 PER AMS-QQ-A 250/4

2) FINISH: HARD ANODIZE IAW MIL-A 8625 TYPE II
CLASS 2 COLOR BLACK
CARDINAL 4860-S0 PRETREATMENT PRIMER
PRIME IAW MIL-P-233/J TYPE CLASS N

3. DEBURR AND BREAK ALL SHARP EDGES
4. IDENTIFY IAW MPP 120

SHO'COPY

REF ID: 0

ENGINEERING

UNCONTROLLED COPY

SUBJECT: NO. 92525 MLC

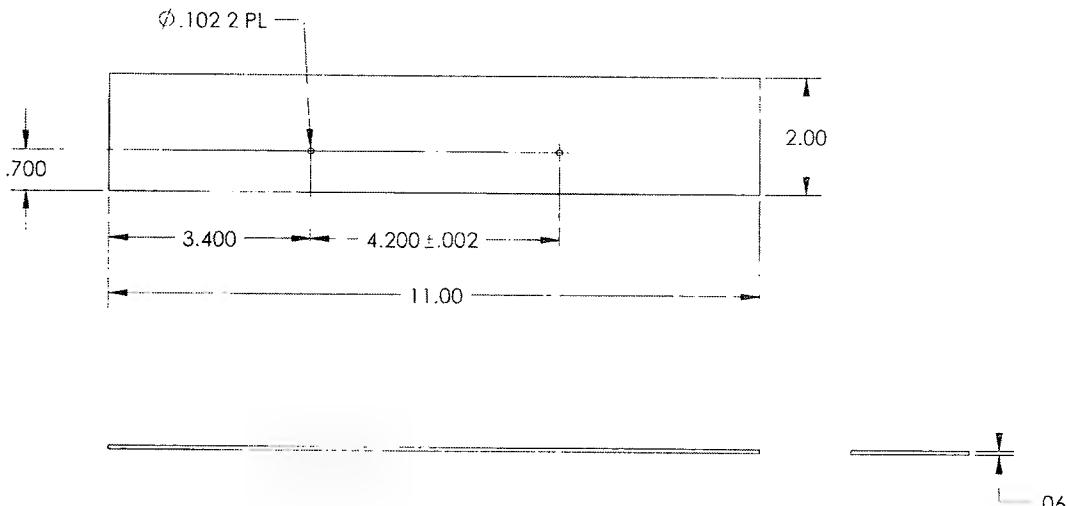
WITHDRAWN

WORK ORDER

NO. 92525 MLC

12-11-01

647.1810

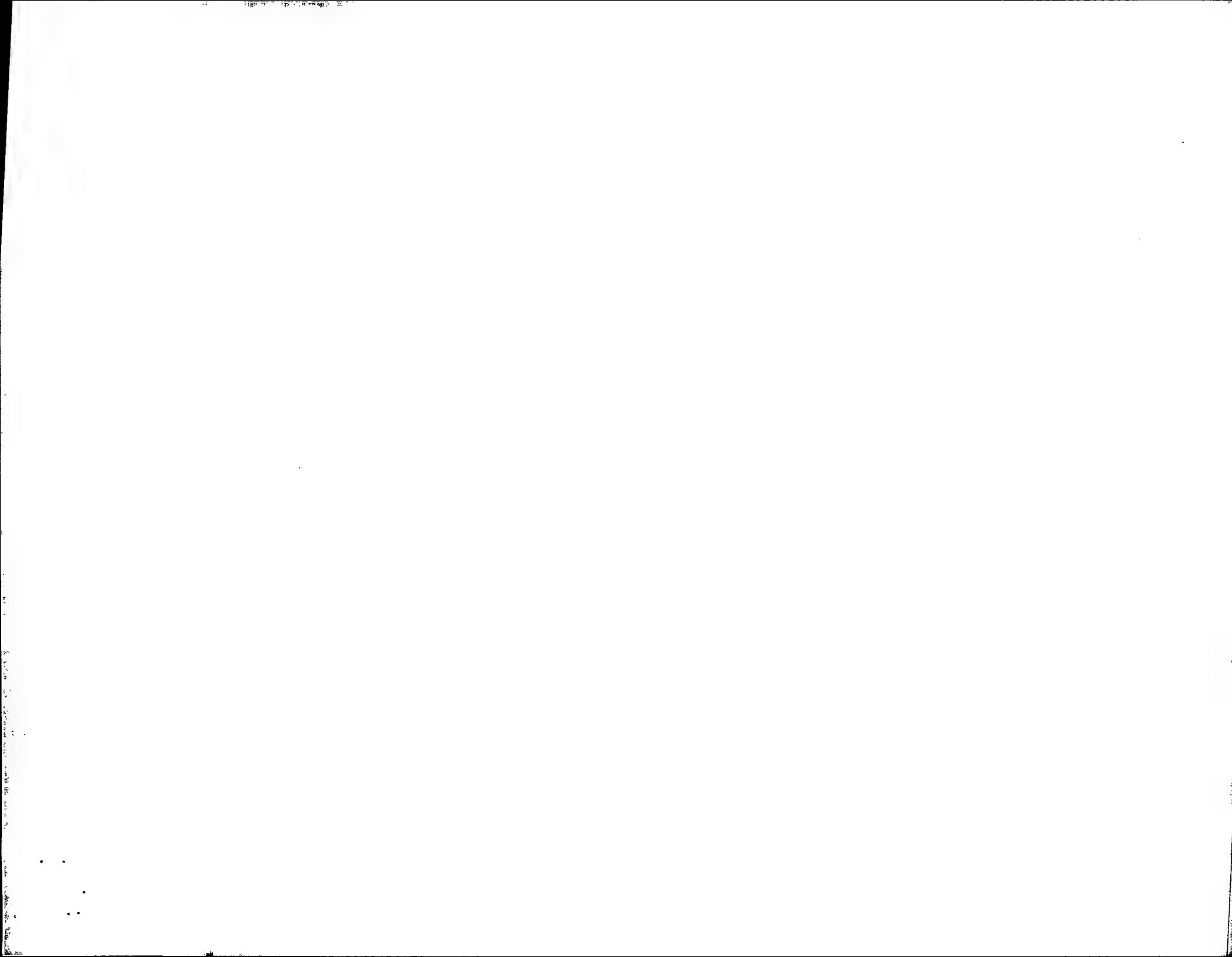


QTY	ORIGINAL DATE	NOSE DOOR SPACER	△	△
	647.1818	SUPPORT, RH	△	△
	647.817	SUPPORT, LH	△	△
	647.816	GUSSET, RH	△	△
	647.815	GUSSET, LH	△	△
	647.1814	ANGLE	△	△
	647.1813	SHIM	△	△
	647.1812	SPACER	△	△
	647.1811	NOSE DOOR DOUBLER	△	△
	647.1810	DESCRIPTION	MATL	SPEC.
	FND#	PART #		

APICAL INDUSTRIES
2608 TEMPLE HEIGHTS DR.
OCEANSIDE, CA. 92056-3512. (760)724-5300

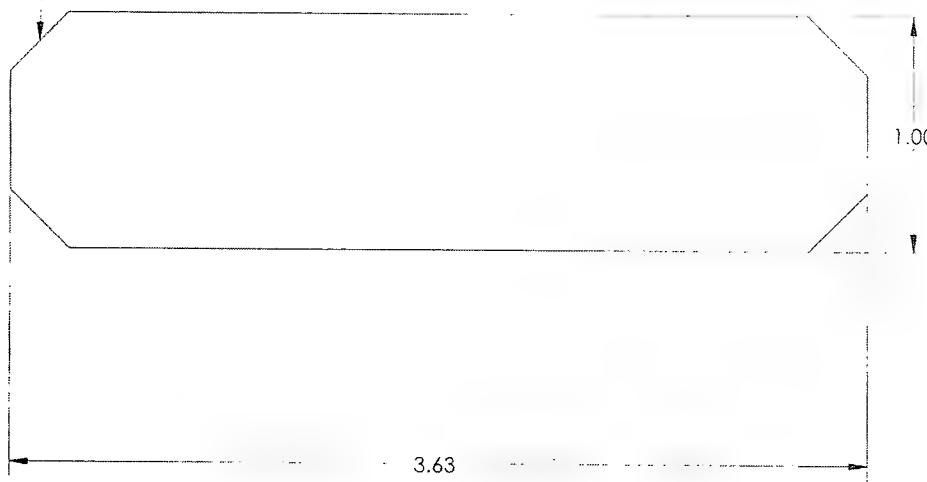
SHEETMETAL

647.1800



92525

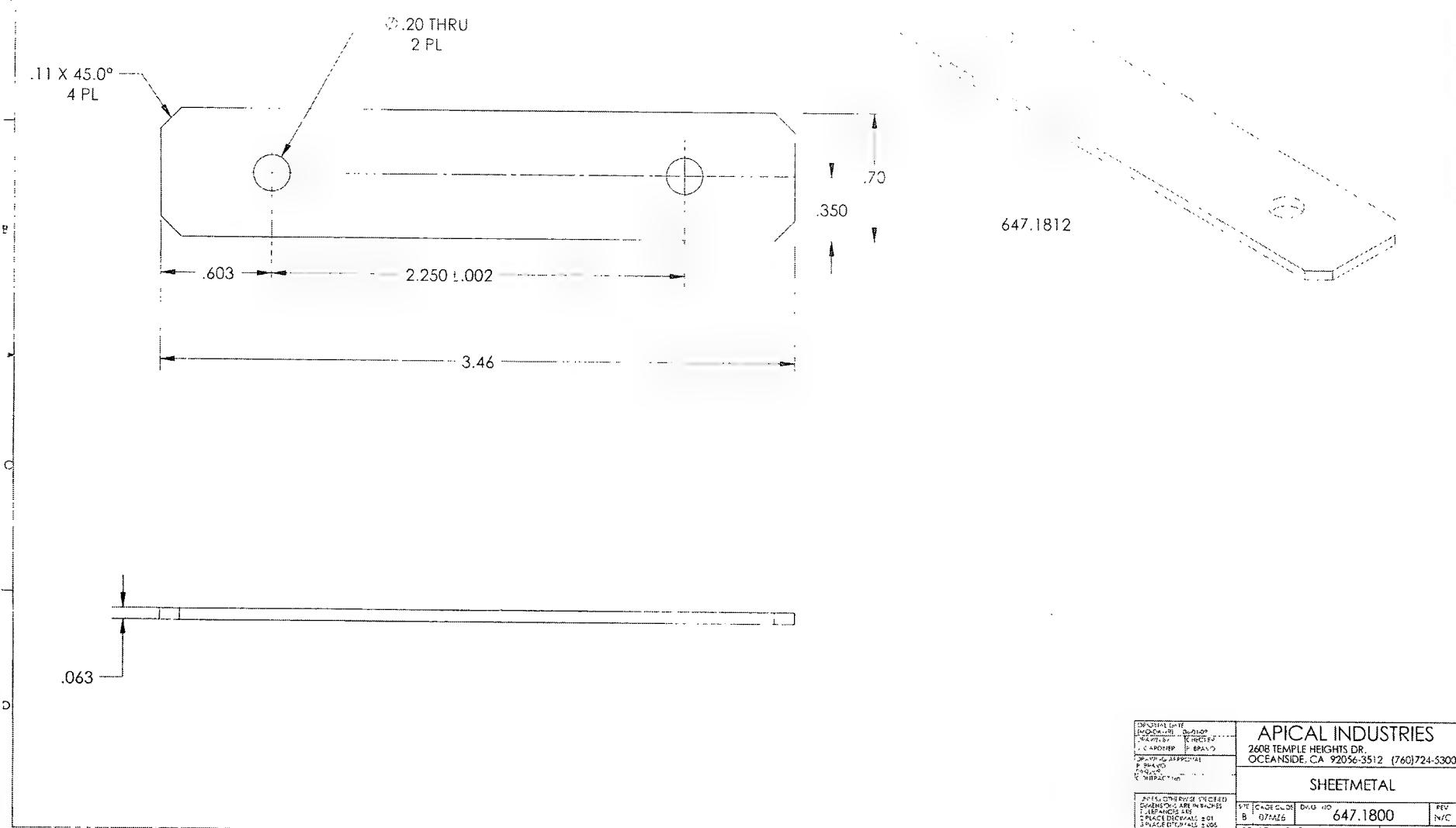
.25 X 45.0°
4 PL

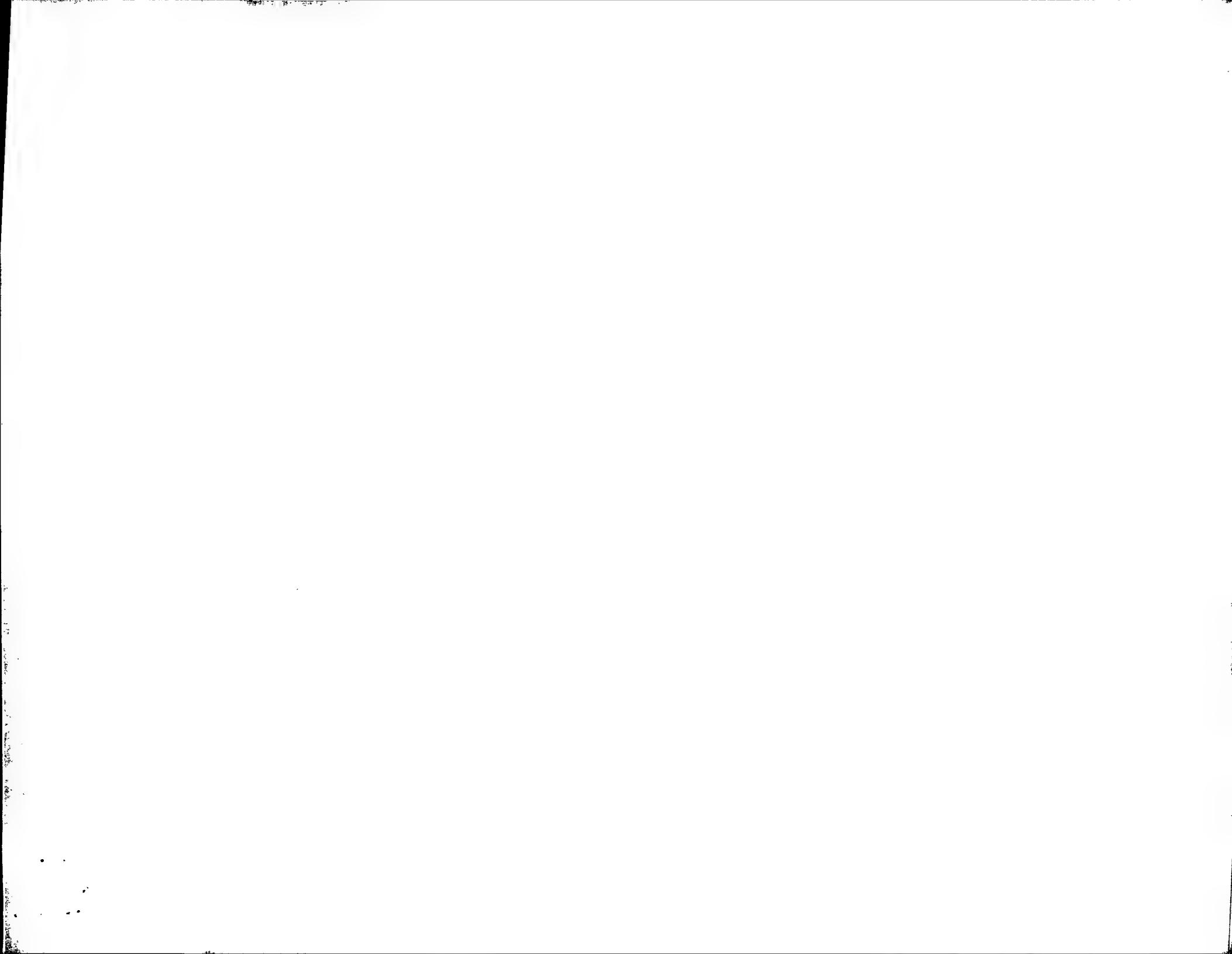


647.1811

CHG/CHG DATE	07/16/04	REV	0
DESIGNER	THOMAS	TYPE	2D
DRAWN BY	THOMAS	MAKER	
DATE DRAWN	07/16/04	DATE MADE	
DESIGN NO.	647.1800	SCALE	1:1
CONTRACT NO.		DATE	
APICAL INDUSTRIES			
2608 TEMPLE HEIGHTS DR.			
OCEANSIDE, CA. 92056-3512 (760)724-5300			
SHEETMETAL			
ITEM/CHG	CHG/CHG DATE	REV	
647.1800	07/16/04	0	
SCALE	1:1	TYPE	2D
DATE		DATE	
CONTRACT NO.		CONTRACT NO.	
ITEM/CHG	CHG/CHG DATE	REV	
647.1800	07/16/04	0	
SCALE	1:1	TYPE	2D
DATE		DATE	
CONTRACT NO.		CONTRACT NO.	

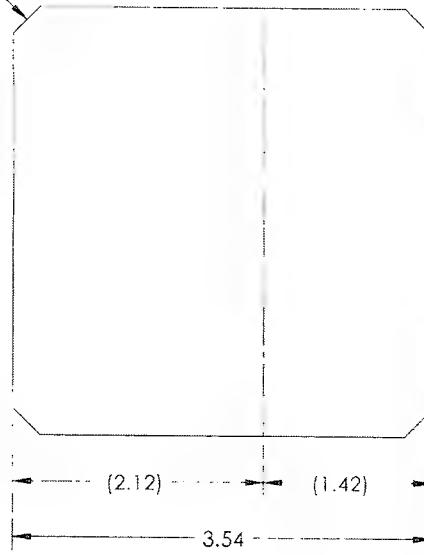
92525



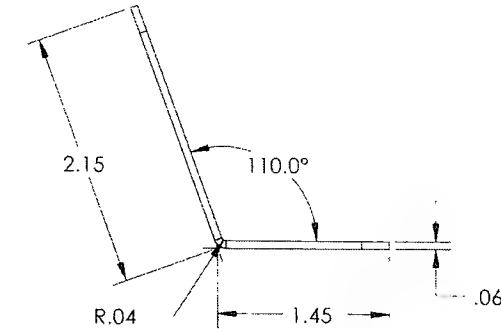
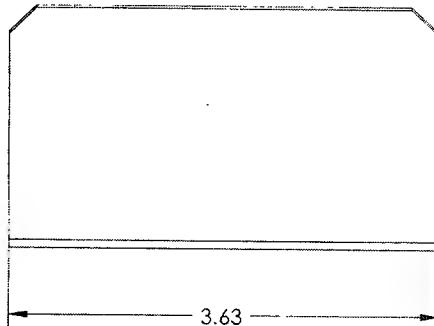


92525

.23 X 45.0°
4 PI

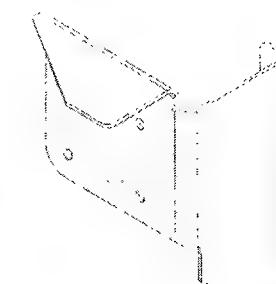
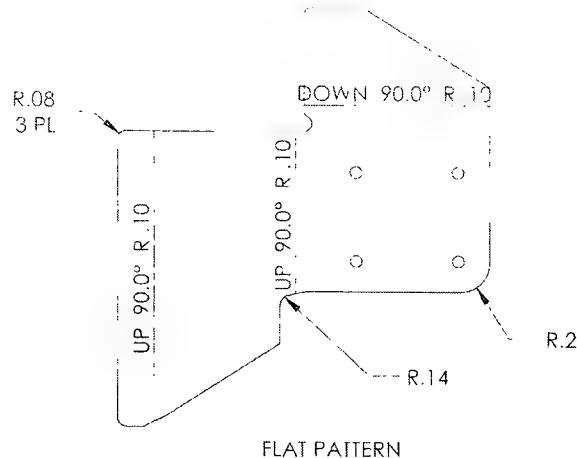
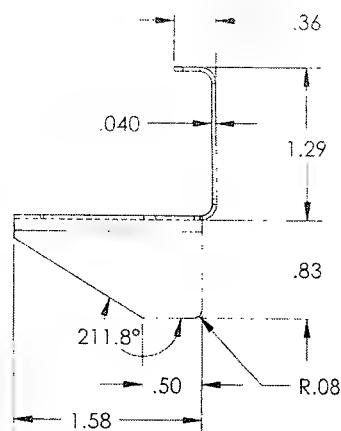


FLAT PATTERN

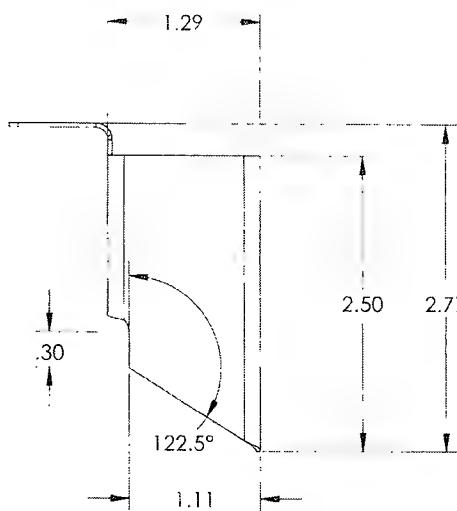
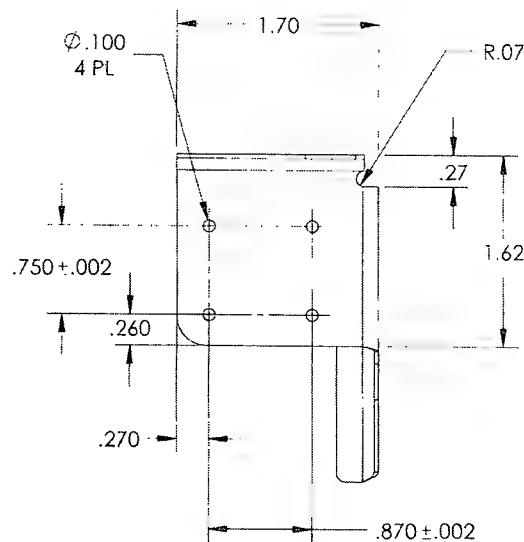


APICAL INDUSTRIES	2608 TEMPLE HEIGHTS DR	OCEANSIDE, CA 92056-3512	(760)724-5309
SHEETMETAL			
DESIGNER/ENGINEER: PECFEO	DATE DRAWN: 3/22/00	REV: 0	
SPONSOR: PECFEO	PLACED DRAWN: 3/22/00	REV: 1	
APICAL INDUSTRIES	3/22/00	647.1800	N/C
SCALE: NONE	SHEET: 4 OF 7		

92525



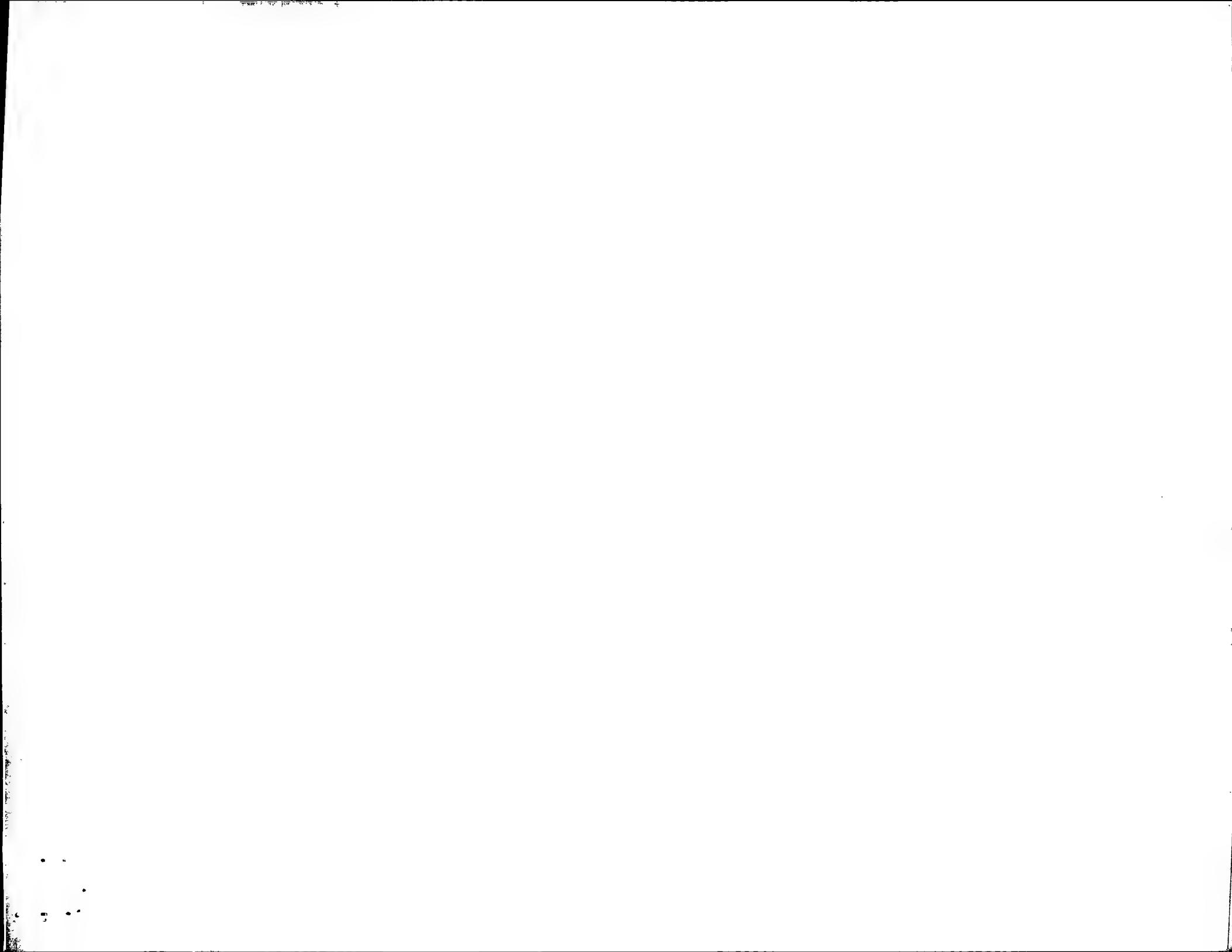
647.1814 SHOWN
647.1815 OPPOSITE



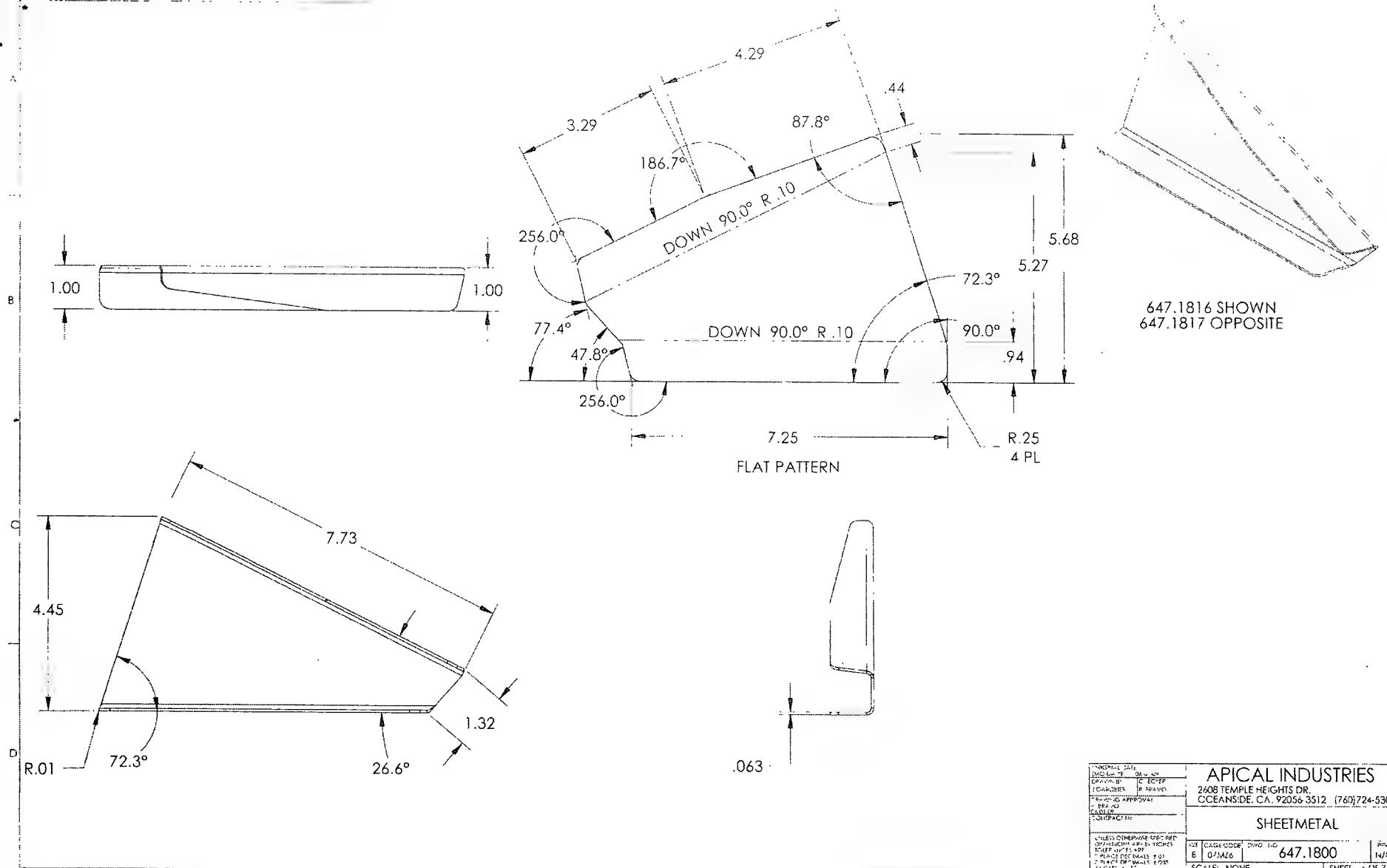
ORIGINAL DATE	04-04-04	DRAWN BY	CH-04
DESIGNED BY	CH-04	CHECKED BY	CH-04
APPROVED BY	CH-04	REVISED BY	CH-04
DRAWING APPROVED P. BOAVO			
COMPLIMENTARY			
UNLESS OTHERWISE SPECIFIED STANDARD ASME Y14.5M-1994			
PLATE THICKNESS .030			
PLATE LENGTH 100			
ANGLES 1±0.05			
SEE	CH-04	REV.	N/C
CODE	04-04	NO.	647.1800
BLDG	CH-04	DATE	04-04-04
SCALE NONE			
SHEET 5 OF 7			

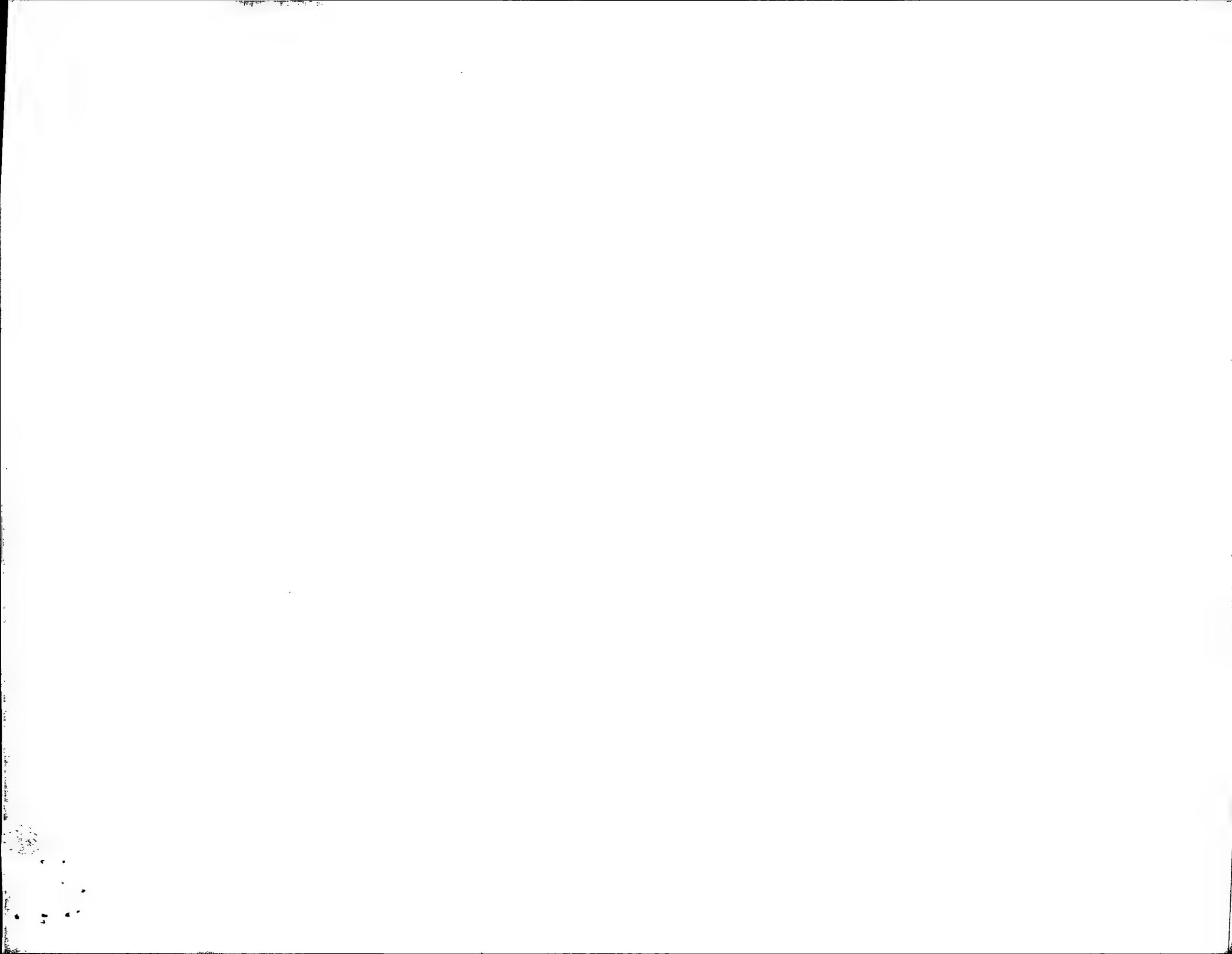
APICAL INDUSTRIES
2608 TEMPLE HEIGHTS DR.
OCEANSIDE, CA 92056-3512 (760)724-5300

SHEETMETAL



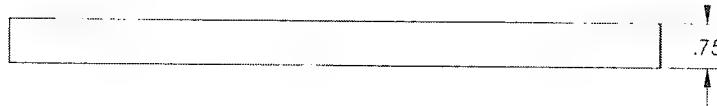
92528





92525

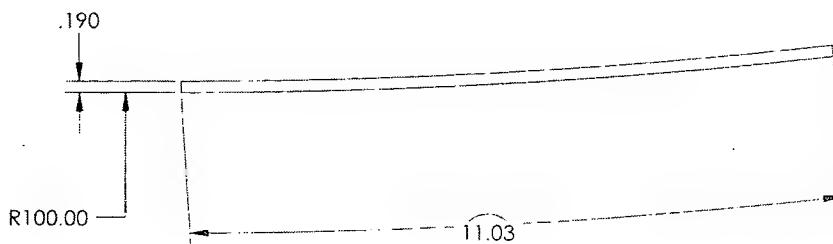
A



B

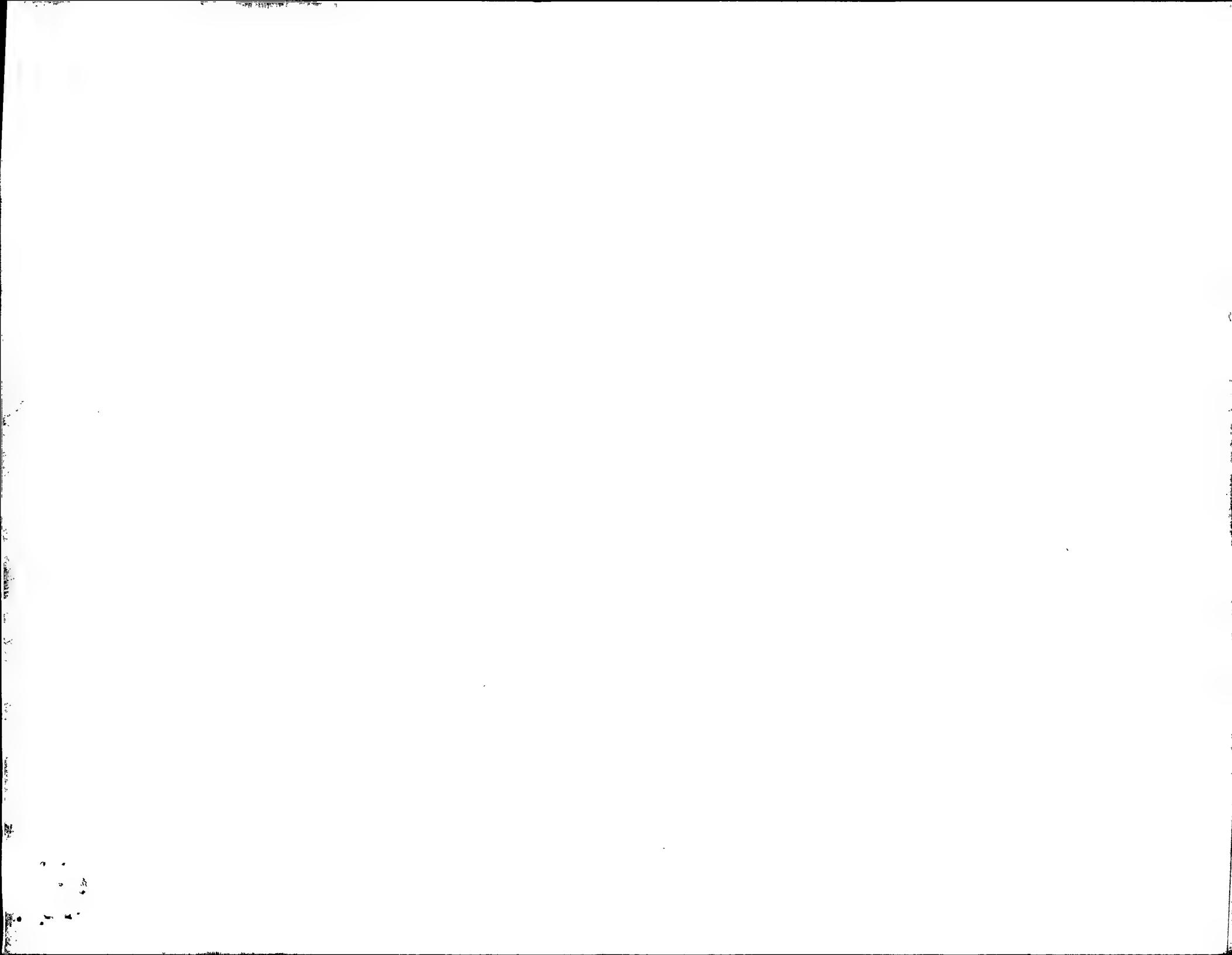
647.1818

C



D

APICAL INDUSTRIES	2608 TEMPLE HEIGHTS DR.	OCEANSIDE, CA 92056-3512	(760)724-5300
SHEETMETAL			
ITEM #	647.1800	REV	N/C
SIZE	CAGE CODE	DRG. NO	
B	07M20		
SCALE: 1:NONE		SHEET	7 OF 7



DART AEROSPACE LTD	Work Order:	92525
Description: Nose Door Spreader	Part Number:	647.1818
Inspection Dwg: 647.1800 Rev: N/C		Page 1 of 1

FIRST ARTICLE INSPECTION CHECKLIST

Measured by:	Jay
Date:	12-11-11

Audited by:	<i>JAS</i> 15.
Date:	<i>12/11/83</i>

Preliminary Approval:	
	Date:

Rev	Date	Change	Revised by	Approved
E	10.04.14	Added preliminary approval	KJ	



A.T.G. Industries Inc.
731, rue Industrielle Rd.
PLATING DEPARTMENT
Rockland, On K4K 1T2
Canada
Ph: (613) 446-4544
Fax: (613) 446-4556

Pack List

Number: 62107

Date: 12-Dec-12

To

DART AEROSPACE LTD.
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ship To

DART AEROSPACE LTD
1270 ABERDEEN ST.
HAWKESBURY, ON K6A 1K7
Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms	Ship Via
Quantity	Description
1 lot	Part: ASST 8 PCS 647.1610 5 PCS 647.1612 2 PCS 647.1713 6 PCS 647.1811 1 PC 647.1816 1 PC 647.1817 8 PCS 647.1818 <i>1+1 t6</i> 11 PCS 646.3210 20 PCS 646.3313 10 PCS 646.3717 20 PCS 646.3717 16 PCS 647.4610 10 PCS 649.4811 10 PCS 649.4812 24 PCS 649.4814 30 PCS 649.4815 6 PCS 647.7913 3 PCS 647.7919 10 PCS 647.9010 10 PCS 647.9011 15 PCS 647.9012 40 PCS 647.9013 60 PCS 646.9710 HARD ANODIZE BLACK MIL-A-8625 TYPE III CLASS 2 Job: 20120768 PO: PO18506 Line:
	Certificate of Conformance A.T.G. Industries certifies that all items in this shipment are in conformance with all requirements, specifications and drawings referenced in the purchase order. ISO 9001 : 2008 REGISTERED ATG SALES-2010 TERMS APPLY DATE: <u>12/12/12</u>



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Canada

Ph: 613-632-5200

Fax: 613-632-1185

Ph: 613-632-5200

Fax: 613-632-1185

Terms	Ship Via
Quantity	Description
	CERTIFIED SIGNATURE: <u>Mr</u> RECEIVER SIGNATURE: <u>R. Taylor</u>

